FORM D

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SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTI

1300698

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respon	

SEC US	ONLY
Prefix	Serial
DATE RE	CEIVED
	i

Name of Ottering	UNIFORM LIMITED OFFERING EXEM	PTION
Filing Under (Check box(e) that apply):		
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change) Deutsche Bank Private Equity Select Trust I (105) Address of Executive Offices (Number and Street, City, State, Zip Code) (Octobedonian Bank & Trust Limited, Caledonian flows, 69 Dector Roy's Drive, P.O. Box (1043) (Surpher 1000; Capada Cawanae, Camana Islands) (Number and Street, City, State, Zip Code) (Fiderico 10 Finding I) Delines Operations (Number and Street, City, State, Zip Code) (Fiderico 10 Finding I) Delines Operations (Number and Street, City, State, Zip Code) (Fiderico 10 Finding I) Delines Operations (Investment in Blackstone Capital Partners IV, L.P. Type of Business Organization corporation limited partnership, already formed other (please specify): Unit Trust Delines of Delines I (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada, FN for other foreign juris diction	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Name of Issuer (Type of Filing: New Filing Amendment	(88) 180 (88) BAR WAR WAR WAR WAR WAR WAR WAR WAR
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Deutsche Bank Private Equity Select Trust I (US) Address of Executive Offices or Caledonian House, 69 Dector Ray's Drive, P.O. Box 1643, and concluding Area Code) or Caledonian Bank & Trust Limited, Caledonian House, 69 Dector Ray's Drive, P.O. Box 1643, Address of Principal Business Decisions. (Number and Street, City, State, Zip Code) (rid different from Executive Offices) 345 Park Avenue, 16th Floor, New York, NY 10154, Attn: Randy Kemka Bire Description of Business Bire Description of Business Bire Serganization Imited partnership, already formed Other (please specify): Unit Trust Corporation Imited partnership, to be formed Other (please specify): Unit Trust Corporation of Incorporation or Organization: 0 S S S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I Stimated Date of Incorporation or Organization: 0 S D D Check Trust I S D D D Check Trust I S D D D Check Trust I D D	A. BASIC IDENTIFICATION DATA	
Deutsche Bank Private Equity Select Trust I (US) Address of Executive Offices (Number and Street, City, State, Zip Code) (o'Caledonian Bank & Trust Limited, Caledonian House, 89 Doctor Roy's Drive, P.O. Bor 1043, Address of Principal Business Operations (Number and Street, City, State, Zip Code) (If different from Executive Offices) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (If different from Executive Offices) Add Prank Avenue, 16th Floor, New York, NY 10154, Attn: Randy Kemka Telephone Number (Including Area Code) (Including Area Code) Telephone Number (Including Area Code) Telepho	1. Enter the information requested about the issuer	04040421
Number and Street, City, State, Zip Code) Colledonian Bank & Trust Limited, Caledonian House, 69 Boetor Rey's Drive, P.O. Box (ed.), Colledonian Bank & Trust Limited, Caledonian House, 69 Boetor Rey's Drive, P.O. Box (ed.), College of Careful Carriers (Common islands) (Number and Street, City, State, Zip Code) (I'd different from Executive Offices) Add Park Avenue, 16th Floor, New York, NY 10154, Attn: Randy Kemka 212-454-7245 Siref Description of Business Investment in Blackstone Capital Partners IV, L.P. Type of Business Organization corporation limited partnership, already formed other (please specify): Unit Trust whonth Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) Thousand Carrier (Common Canada; FN for other foreign jurisdiction) Whonth File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 13 U.S.C. Whon To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Coptes Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any meterial changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: Common the common the common that is the proper amoun	Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	04040421
For Caledonian Bank & Trust Limited, Caledonian flows, 69 Doctor Roy's Drive, P.O. Box (144), Copyright Cavenan, Comman Islands (Number and Street, City, State, Zip Code)		
Add and Park Avenue, 16th Floor, New York, NY 10154, Attn: Randy Kemka 212-454-7245 Brief Description of Business Investment in Blackstone Capital Partners IV, L.P. Type of Business Organization limited partnership, already formed other (please specify): Unit Trust business trust limited partnership, to be formed other (please specify): Unit Trust business trust limited partnership, to be formed Description of Description of Organization: It is a later of Description of Incorporation or Organization: It is a later of Incorporation or Organization: It is a later of Incorporation of Organization Incorporation of Organization Incorporation Incorporation Incorporation Incorporation Incorporation Incorporation Incorporation Incorporation Incorporation Incorpora	c/o Caledonian Bank & Trust Limited, Caledonian House, 69 Doctor Roy's Drive, P.O. Box 1043,	Telephone Number (Including Area Code)
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Actual or Estimated Date of Incorporation or Organization: Month Year	corporation limited partnership, already formed other (please specify): Unit Trust
Actual or Estimated Date of Incorporation or Organization: Ostal Date in Control of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) FM AUG 18 200 GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five 15 copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the prop		
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	ATTENTION	

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

| <b>州沙水</b> (李) [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |                | A BASICIDE             | Ngn     | TO TON THE TA        |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 2. Enter the information requested fo                | r the followin |                        | (1) T   |                      | WHEN THE | Charles State 1 | 470円間       | THE CHILD HARMON STATES OF THE SECOND SECTION OF THE PROPERTY |
| <ul> <li>Each promoter of the issuer,</li> </ul>     |                | _                      | ithin 1 | the past five years: |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                      |                | _                      |         |                      | af. 10   | % or more o     | f a clas    | s of equity securities of the issuer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Each executive officer and di                        | •              | •                      |         | -                    |          |                 |             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Each general and managing p                          | •              |                        |         | ere gerreler ene man |          | , ,             | <b>,</b>    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Check Box(es) that Apply: Pro                        | moter 📝        | Beneficial Owner       |         | Executive Officer    |          | Director        |             | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full Name (Last name first, if individua             | al)            |                        |         |                      |          | ·               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Acadia Investments L.C.                              |                |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Business or Residence Address (Num                   | ber and Stree  | t, City, State, Zip Co | de)     |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1725 I Street, N.W., Suite 300, V                    | Washington     | ı, D.C. 20006          |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Check Box(es) that Apply: Pro                        | moter 7        | Beneficial Owner       |         | Executive Officer    |          | Director        |             | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full Name (Last name first, if individue             | al)            |                        |         |                      |          | <del></del>     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Perry, Nicole Hawes                                  |                |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| P.O. Box 426, Upperville, VA 20                      | 0185           |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Check Box(es) that Apply: Pro                        | moter [        | Beneficial Owner       |         | Executive Officer    |          | Director        | Ц           | General and/or<br>Managing Pattner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Business or Residence Address (Num                   | ber and Stree  | t, City, State, Zip Co | de)     |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Check Box(es) that Apply: Prop                       | moter          | Beneficial Owner       |         | Executive Officer    |          | Director        |             | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full Name (Last name first, if individue             | al)            |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                      |                |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Business or Residence Address (Num                   | ber and Stree  | t, City, State, Zip Co | de)     |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Check Box(es) that Apply: Pro                        | moter          | Beneficial Owner       |         | Executive Officer    |          | Director        |             | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full Name (Last name first, if individue             | al)            |                        |         |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Business or Residence Address (Num                   | ber and Stree  | t, City, State, Zip Co | de)     |                      |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Check Box(es) that Apply: Pro                        | moter          | Beneficial Owner       |         | Executive Officer    |          | Director        |             | General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full Name (Last name first, if individue             | al)            |                        |         |                      |          | ·, ., .         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Business or Residence Address (Num                   | ber and Stree  | t, City, State, Zip Co | ode)    | <u> </u>             |          |                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                            |                                                                        |                                               |                                            | Bil                                        | NFORMAT                                    | ION AHOU                                    | reterm                                       |                                            |                             |                              |               | ***      |             |
|----------------------------|------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------|----------------------------------------------|--------------------------------------------|-----------------------------|------------------------------|---------------|----------|-------------|
| 1. Has th                  | ne issuer sol                                                          | d, or does th                                 | ne issuer i                                | ntend to se                                | ell, to non-a                              | ccredited i                                 | nvestors ir                                  | this offer                                 | ing?                        |                              | Yes<br>D      | No<br>☑  |             |
|                            |                                                                        | •                                             |                                            |                                            | n Appendix                                 |                                             |                                              |                                            | •                           |                              | ست            |          | The         |
| 2. What                    | is the minim                                                           | num investm                                   | ient that w                                | ill be acce                                | pted from                                  | any individ                                 | lua!?                                        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    | *****                       |                              | \$ <u>250</u> | ,000_    | Mana;       |
| 3 Dass                     | 1<br>4h a a 66a a'u a                                                  |                                               |                                            |                                            | . 1                                        |                                             |                                              |                                            |                             |                              | Yes           | No       | discre      |
|                            | the offering<br>the informa                                            |                                               |                                            |                                            |                                            |                                             |                                              |                                            |                             |                              | Ø             |          | ន ទាន       |
| comm<br>If a pe<br>or stat | ission or sime<br>rson to be list<br>tes, list the na<br>ter or dealer | ilar remune<br>sted is an ass<br>ame of the b | ration for s<br>sociated pe<br>roker or de | colicitation<br>rson or age<br>caler. If m | of purchasent of a broker<br>ore than five | ers in conn<br>cer or deale<br>e (5) persoi | ection with<br>r registered<br>as to be list | sales of se<br>I with the S<br>ed are asso | curities in t<br>SEC and/or | he offering.<br>with a state |               |          | invest      |
| Full Name                  | (Last name                                                             | first, if indi                                | ividual)                                   |                                            |                                            |                                             |                                              |                                            |                             |                              |               |          |             |
| Business o                 | r Residence                                                            | Address (N                                    | lumber and                                 | Street, C                                  | ity, State, Z                              | (ip Code)                                   |                                              |                                            |                             |                              |               |          |             |
| Name of A                  | ssociated B                                                            | roker or De                                   | aler                                       | · · · · · · · · · · · · · · · · · · ·      |                                            |                                             |                                              |                                            |                             | <del>,</del>                 | ·             |          |             |
| States in V                | Vhich Person                                                           | Listed Has                                    | Solicited                                  | or Intend                                  | s to Solicit                               | Purchasers                                  |                                              |                                            |                             |                              |               |          |             |
| (Chec                      | k "All State:                                                          | s" or check                                   | individual                                 | States)                                    | •••••                                      |                                             |                                              |                                            |                             |                              | ☐ Al          | l States |             |
| AL                         | [AK]                                                                   | AZ                                            | AR                                         | CA                                         | CO                                         | (CT)                                        | DE                                           | [DC]                                       | FL                          | GA                           | H             | ΙĎ       |             |
| IL                         | IN                                                                     | IA                                            | KS                                         | KY                                         | (LA)                                       | ME                                          | MD                                           | MA                                         | MI                          | MN                           | MS            | MO       |             |
| MT                         | NE                                                                     | NV                                            | NH                                         | NJ                                         | NM]                                        | NY                                          | NC                                           | ND                                         | OH                          | OK                           | OR            | PA       |             |
| RI                         | SC                                                                     | SD                                            | TN                                         | TX                                         | [UT]                                       | VT                                          | VA                                           | WA                                         | WV                          | [WI]                         | WY            | PR       |             |
| Full Name                  | (Last name                                                             | first, if indi                                | ividual)                                   |                                            |                                            | · <u> </u>                                  |                                              |                                            |                             |                              |               |          |             |
| Business                   | or Residence                                                           | Address ()                                    | Number an                                  | d Street, (                                | City, State,                               | Zip Code)                                   |                                              |                                            |                             |                              |               |          | <del></del> |
| Name of A                  | ssociated B                                                            | roker or De                                   | alcr                                       |                                            |                                            |                                             |                                              |                                            |                             |                              |               |          |             |
| States in V                | Vhich Person                                                           | Listed Has                                    | Solicited                                  | or Intends                                 | to Solicit                                 | Purchasers                                  | ····                                         |                                            |                             | <del></del>                  | <u></u>       |          |             |
| (Chec                      | k "All State                                                           | s" or check                                   | individual                                 | States)                                    |                                            |                                             |                                              | ,                                          |                             | ••••                         | ☐ Al          | l States |             |
| AL                         | ĀK                                                                     | AZ                                            | ĀR                                         | CA                                         | CO                                         | CT                                          | DE                                           | DC                                         | FL                          | GA                           | HI            | ĪĎ       |             |
| IL                         | ĪN                                                                     | IA                                            | KS                                         | KY                                         | LA                                         | ME                                          | MD                                           | MA                                         | MI                          | MN                           | MS            | MO       |             |
| MT                         | NE                                                                     | NV                                            | NH                                         | NJ                                         | MM                                         | NY                                          | NC                                           | ND                                         | OH                          | OK)                          | OR            | PA       |             |
| RI                         | SC                                                                     | SD                                            | TN                                         |                                            | עד]                                        | VT                                          | VA                                           | WAI                                        | WV                          | [WI]                         | WY.           | PR       |             |
| Full Name                  | (Last name                                                             | first, if indi                                | ividual)                                   |                                            |                                            |                                             |                                              |                                            |                             |                              |               |          |             |
| Business                   | or Residence                                                           | Address ()                                    | Number an                                  | d Street, (                                | City, State,                               | Zip Code)                                   |                                              |                                            |                             |                              |               |          |             |
| Name of A                  | ssociated B                                                            | roker or De                                   | aler                                       |                                            |                                            | ·                                           |                                              |                                            |                             |                              |               |          |             |
| States in V                | Vhich Person                                                           | Listed Has                                    | Solicited                                  | or Intend                                  | s to Solicit                               | Purchasers                                  |                                              |                                            |                             |                              |               |          | <del></del> |
| (Chec                      | k "All State                                                           | s" or check                                   | individua                                  | States)                                    |                                            | •••••                                       |                                              | ,,                                         |                             | ••••••                       | □ Al          | l States |             |
| AL                         | ĀK                                                                     | AZ                                            | AR                                         | CA                                         | CO                                         | CT                                          | [DE]                                         | DC                                         | FL                          | [GA]                         | HI            | ID       |             |
| IL                         | IN]                                                                    | 1A                                            | KS                                         | KŸ                                         | LA                                         | ME                                          | MD                                           | MA                                         | MI                          | MN                           | MS            | MO       |             |
| MT                         | NE                                                                     | NV                                            | NH                                         | NJ                                         | NM                                         | NY                                          | NC                                           | ND                                         | OH                          | ŌK]                          | OR            | PA       |             |
| RT                         | SC                                                                     | SD                                            | TN                                         | TX                                         | UT                                         | [VT]                                        | VA                                           | WA                                         | WV                          | WI                           | WY            | PR       |             |

|    | C PRIVATE TRICE NUMBER OF DIVESTORS TO ENSISTANDUSE OF P                                                                                                                                                                                                                                                                                                                               | ROCKEIS                     |                                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                            |                             |                                      |
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                       | Aggregate<br>Offering Price | Amount Already<br>Sold               |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                   | 0                           | \$ 0                                 |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                 | 8,051,385                   | \$ 8,051,385                         |
|    | ✓ Common Preferred                                                                                                                                                                                                                                                                                                                                                                     |                             | •                                    |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            | 0                           | \$ 0                                 |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  | 0                           | \$ 0                                 |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        | 0                           | \$ °                                 |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | \$ 8,051,385                         |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             |                                      |
| 2. |                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | 17                          | \$ 8,051,385                         |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |                             | \$                                   |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                |                             | \$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |                             |                                      |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Type of<br>Security         | Dollar Amount<br>Sold                |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                               | ·                           | s                                    |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |                             | \$                                   |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | \$                                   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                      |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |                             | \$                                   |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           |                             | \$ 6,902                             |
|    | Legal Foes                                                                                                                                                                                                                                                                                                                                                                             |                             | \$                                   |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        |                             | \$                                   |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       |                             | \$                                   |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   |                             | \$126,000                            |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              |                             | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | \$ 204,000                           |

\*The amounts listed under "Aggregate Offering Price" and "Amount Already Sold" reflect the total aggregate subscription amount of \$7,800,000 for the securities included in the offering, which will be contributed by investors pursuant to capital calls by the company, plus an aggregate expense commitment from investors of \$251,385 to cover the organizational expenses.

| - 2 | C DECEMBER RICH NUMBER OF INVESTORS, EXPRESS SPESSOR!                                                                                                                                                                                                                                                                                                                                        | ocnens.                                |                   |                      |                                  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------|----------------------|----------------------------------|
|     | b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."                                                                                                                                                     |                                        |                   | \$                   | 7,847,385                        |
| 5.  | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |                                        |                   |                      |                                  |
|     |                                                                                                                                                                                                                                                                                                                                                                                              | Payments Officers Directors Affiliates | 5,<br>, &         |                      | yments to<br>Others              |
|     | Salaries and fees                                                                                                                                                                                                                                                                                                                                                                            | \$ <u>47</u>                           | ,385              | □ \$_                |                                  |
|     | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                      | ] \$                                   | •                 | <b>S_</b>            | 0                                |
|     | Purchase, rental or leasing and installation of machinery                                                                                                                                                                                                                                                                                                                                    | <b>-</b> •                             |                   | a                    |                                  |
|     | and equipment                                                                                                                                                                                                                                                                                                                                                                                | _                                      |                   | _                    |                                  |
|     | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                    | 7 <i>2</i>                             |                   | Տ_                   | 0                                |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                                                                                               | ٦ <b>९</b>                             |                   | □ <b>\$</b>          | 0                                |
|     | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                    | _                                      |                   |                      |                                  |
|     | Working capital                                                                                                                                                                                                                                                                                                                                                                              | _                                      |                   |                      |                                  |
|     | Other (specify): Investment in Blackstone Capital Partners IV, L.P.                                                                                                                                                                                                                                                                                                                          |                                        |                   |                      |                                  |
|     |                                                                                                                                                                                                                                                                                                                                                                                              | J ·                                    |                   | ₩ <b>-</b>           | ,                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                              | ] <b>\$</b>                            | 0                 | □ <b>s</b> _         | 0                                |
|     | Column Totals                                                                                                                                                                                                                                                                                                                                                                                | \$ <u>47</u>                           | ,385              | □ <b>\$</b> _        | 7,800,000                        |
|     | Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                  |                                        | \$                | 7,847,3              | 385                              |
| ,   | D. FEDERAL SIGNATURE                                                                                                                                                                                                                                                                                                                                                                         |                                        |                   |                      | 71                               |
| sig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R                                                                      | sion, upon v                           | er Rul<br>vritter | e 505, t<br>1 reque: | he following<br>st of its staff, |
|     | eutsche Bank Private Equity Select Trust I (US)                                                                                                                                                                                                                                                                                                                                              | Pate                                   | JG :              | 1 3 2                | 004                              |
| Na  | me of Signer (Print or Type)  Title of Signer (Print or Type)  Authorized Signatory of Caledonian Bank & Trust L                                                                                                                                                                                                                                                                             | imited, solely                         | as Tr             | ustee of             | the Fund                         |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|        |                                                                                         | STATE SIGNATURE                                                                                                                                                              |                                     |
|--------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1.     | •                                                                                       | resently subject to any of the disqualification                                                                                                                              | Yes No                              |
|        | . See                                                                                   | Appendix, Column 5, for state response.                                                                                                                                      |                                     |
| 2.     | The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require | furnish to any state administrator of any state in which thi<br>ed by state law.                                                                                             | is notice is filed a notice on Form |
| 3.     | The undersigned issuer hereby undertakes to issuer to offerees.                         | o furnish to the state administrators, upon written reque                                                                                                                    | st, information furnished by the    |
| 4.     | limited Offering Exemption (ULOE) of the s                                              | ssuer is familiar with the conditions that must be satisfi<br>tate in which this notice is filed and understands that the<br>hing that these conditions have been satisfied. |                                     |
|        | uer has read this notification and knows the conti<br>thorized person.                  | ents to be true and has duly caused this notice to be signed                                                                                                                 | on its behalf by the undersigned    |
| •      | Print or Type)                                                                          | Signature Date Date                                                                                                                                                          | AUG 1 3 2004                        |
| Deutsc | the Bank Private Equity Select Trust I (US)                                             | The solo V                                                                                                                                                                   | V00 I 0 7001                        |
| Name ( | Print or Type)                                                                          | Title (Print or Type) Authorized Signatory of Caledonian Bank & Trust Limited                                                                                                | d, solely as Trustee of the Fund    |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |                                        |                                                                                            | AP                                                              | PENDIX      |                                            |                        |     |    |
|-------|--------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------|--------------------------------------------|------------------------|-----|----|
| 1     | Intend<br>to non-a<br>investor | t to sell<br>accredited<br>is in State | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | of security under ggregate (if y amount purchased in State Disc |             | under Sta<br>(if yes,<br>explana<br>waiver | lification<br>ate ULOE |     |    |
| State | Yes                            | No                                     |                                                                                            | Number of<br>Accredited<br>Investors                            | Amount      | Number of<br>Non-Accredited<br>Investors   | Amount                 | Yes | No |
| AL    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| AK    |                                |                                        |                                                                                            |                                                                 |             |                                            | · ·                    | _   |    |
| AZ    |                                |                                        |                                                                                            |                                                                 |             | - " '                                      |                        |     |    |
| AR    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| CA    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| CO    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| СТ    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| DE    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| DC    |                                | ×                                      | \$1,000,000 of Units                                                                       | 1                                                               | \$1,000,000 | 0                                          | \$0                    |     | ×  |
| FL    |                                | ×                                      | \$250,000 of Units                                                                         | 1                                                               | \$250,000   | 0                                          | \$0                    |     | ×  |
| GA    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| ні    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| ID    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| IL    |                                | ×                                      | \$250,000 of Units                                                                         | 1                                                               | \$250,000   | 0                                          | \$0                    |     | ×  |
| Ŋ     |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| IA    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| KS    |                                |                                        |                                                                                            |                                                                 |             | _                                          |                        |     |    |
| KY    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| LA    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| ME    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| MD    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| MA    |                                | ×                                      | 5500,000 of Units                                                                          | 2                                                               | \$500,000   | 0                                          | \$0                    |     | ×  |
| MI    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| MN    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |
| MS    |                                |                                        |                                                                                            |                                                                 |             |                                            |                        |     |    |

|       |                                |                                                     | Market By CO                                                                   | APP                                                            | ENDIX       |                                          |                                       |     | <b>斯林 三油</b>                                                         |
|-------|--------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|-------------|------------------------------------------|---------------------------------------|-----|----------------------------------------------------------------------|
| 1     | Intend<br>to non-a<br>investor | I to sell<br>accredited<br>is in State<br>I-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |             |                                          |                                       |     | lification<br>ate ULOE<br>attach<br>ation of<br>granted)<br>-Item 1) |
| State | Yes                            | No                                                  |                                                                                | Number of<br>Accredited<br>Investors                           | Amount      | Number of<br>Non-Accredited<br>Investors | Amount                                | Yes | No                                                                   |
| мо    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| MT    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| NE    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| NV    |                                | ×                                                   | \$500,000 of Units                                                             | 1                                                              | \$500,000   | 0                                        | \$0                                   |     | . <b>X</b>                                                           |
| NH    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| NJ    |                                | ×                                                   | \$1,250,000 of Units                                                           | 3                                                              | \$1,250,000 | 0                                        | 50                                    |     | х                                                                    |
| NM    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| NY    |                                | ×                                                   | \$2,550,000 of Units                                                           | 5                                                              | \$2,550,000 | 0                                        | \$0                                   |     | ×                                                                    |
| NC    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| ND    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| он    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| ок    | -                              |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| OR    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       | -   |                                                                      |
| PA    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| RI    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| SC    |                                |                                                     |                                                                                |                                                                |             |                                          | · · · · · · · · · · · · · · · · · · · |     |                                                                      |
| SD    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| TN    | -                              |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| TX    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| UT    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| VT    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| VA    |                                | ×                                                   | \$1,000,000 of Units                                                           | 1                                                              | \$1,000,000 | 0                                        | S0                                    |     | ×                                                                    |
| WA    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |
| WV    |                                | ×                                                   | \$250,000 of Units                                                             | 1                                                              | \$250,000   | 0                                        | \$0                                   |     | ×                                                                    |
| WI    |                                |                                                     |                                                                                |                                                                |             |                                          |                                       |     |                                                                      |

| Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1) |     |    |  |                                      | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                                          |          |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--|--------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------|----------|-----|----|
| State                                                                                                                                                             | Yes | No |  | Number of<br>Accredited<br>Investors | Amount                                                                                             | Number of<br>Non-Accredited<br>Investors | Amount   | Yes | No |
| WY                                                                                                                                                                |     |    |  |                                      |                                                                                                    |                                          |          |     |    |
| PR                                                                                                                                                                |     |    |  |                                      |                                                                                                    |                                          | <u>~</u> |     |    |